

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-048086

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 6872

FILED JAN 9 1964

1. PLACE OF DEATH

a. COUNTY **Jackson**

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR **Kansas City**

Length of stay in 1b
35 Yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Mo.** b. COUNTY **Jackson**

c. CITY OR TOWN **Kansas City** Inside Limits Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **General Hospital Med. Ct.**

Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
1821 Highland Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First **Sylvan**

Middle

Last **Jordan**

4. DATE OF DEATH
Month **December** Day **18** Year **1963**

5. SEX
Male

6. COLOR OR RACE
Negro

7. Married ☐ Never Married ☐
Widowed ☐ Divorced ☐
Unknown

8. DATE OF BIRTH
11-7-1901

9. AGE (last birthday)
62

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Entertainer

10b. KIND OF BUSINESS OR INDUSTRY
Night Club

11. BIRTHPLACE (City and state or country)
Unknown

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME

Unknown

13b. MOTHER'S MAIDEN NAME

Unknown

14. NAME OF HUSBAND OR WIFE

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of serv)
No

16. SOCIAL SECURITY NO.
None

17. INFORMANT
Address **Jackson Co. Welfare Records**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **Myocardial infarction**

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b) **Hypertensive cardiovascular disease**

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour ☐ a.m. ☐ p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from **12-18-63** to **12-18-63** and last saw her alive on **12-18-63**
Death occurred at **11:10 A** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **E. Frank Ellis** (Degree or title)

22b. ADDRESS
2400 Cherry

22c. DATE SIGNED
12-18-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE
12-21-63

23c. NAME OF CEMETERY OR CREMATORY
Blue Ridge Lawn

23d. LOCATION (City, town, or county) (State)
Kansas City Mo.

24. FUNERAL DIRECTOR
Stevens-Manlove-Drake ADDRESS **2315 Linwood**

25. DATE RECD. BY LOCAL REG.
12-19-63

26. REGISTRAR'S SIGNATURE
Bessie Smith

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed J. J. Manlove

Licensed Embalmer No. 3984

P. O. Address K. C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.